

3676 APPLICATION

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

SAA CHECKLIST FOR NEW APPROVAL

Institution: _____

Form Completed by: _____ Date Completed: _____

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Application 3676 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Two (2) copies of current catalog with addenda as necessary |
| Catalog Dates: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Academic Catalog Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Inspection Report 3676 (Completed by SAA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. VA Form 22-8794 – Designation of Certifying Official(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. VA Form 22-1919 – Conflicting Interests Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. VA Form 22-8206 – Compliance with Equal Opportunity Laws |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Power of Attorney |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Advance Payment Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Confirmation of meeting the two-year rule requirement (for private (profit or non-profit) schools offering courses not leading to a standard college degree) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Confirmation from the Realtor's Association, Cosmetology and Barbering Board that the school has been licensed for a period not less than two-years |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. CHE Nonpublic Postsecondary Institution License. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Business License (profit only), |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Financial Statement (profit only) (minimum period of two years) |

**SAA CHECKLIST FOR NEW APPROVAL
(Continued)**

Institution: _____

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Fire Marshall or Fire Department approval of structure(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Qualifications of instructors and administrators (Copy of instructor license(s)
(If applicable) (date of license must be verified) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Equipment list (to include number of stations, if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Class Schedule (If courses offered are measured on a clock-hour basis) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Off-campus location(s) – attach MOU's |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Advertising |
| | | 21. Specialty Program(s): |
| <input type="checkbox"/> | <input type="checkbox"/> | Joint Degrees – attach MOU's |
| <input type="checkbox"/> | <input type="checkbox"/> | Consortium Arrangement(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooperative Training/Externship(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Copy of last inspection by state board (Barbering or Cosmetology Schools) |

INDEX

- ☐ Exhibit A – Inspection Report
- ☐ Exhibit B – Catalog w/Addenda and Checklist
- ☐ Exhibit C – VA Form 22-8794
- ☐ Exhibit D – VA Form 22-1919 (For Proprietary Schools Only)
- ☐ Exhibit E – VA Form 27-8206
- ☐ Exhibit F – Power of Attorney Certification
- ☐ Exhibit G – Advance Payment Certification
- ☐ Exhibit H – Confirmation of Meeting the 2-Year Rule (If Applicable)
- ☐ **Exhibit I – Confirmation of Institution License (Minimum of 2-Years)**
- ☐ **Exhibit J – Statement from the School indicating that the school has been in operation for a period not less than two years with continuous students and student have graduated from that school**
- ☐ Exhibit K – CHE Nonpublic Postsecondary Institution License
- ☐ Exhibit L – Business License (Profit Only) (If Needed)
- ☐ Exhibit M – Financial Statement (For Profit Only) (If Needed)
- ☐ Exhibit N – Fire Marshall / Department Approval of Structure (If Needed)
- ☐ Exhibit O – Class Schedule (If Measured on a Clock-hour Basis)
- ☐ Exhibit P – Qualifications of Instructors (If Needed)
- ☐ Exhibit Q – Off-Campus Locations (If Applicable)
- ☐ Exhibit R – Examples of Advertising
- ☐ Exhibit S – Specialty Program(s) Information
- ☐ Exhibit T – Equipment List (Include Number of Stations for Barbering or Cosmetology Schools)
- ☐ Exhibit U – Copy of Last Inspection by State Board (Barbering or Cosmetology Schools Only)

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY (SC SAA)**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

ACADEMIC CATALOG/STUDENT HANDBOOK CHECKLIST AND CERTIFICATION

An authorized institutional representative should complete and sign this form. The form should then be returned to the SC SAA along with two copies of the school's current catalog and student handbook and any other document(s) referenced.

SCHOOL _____ CITY _____

CATALOG / BULLETIN DATES _____ HANDBOOK DATES _____

Programs listed in this catalog/bulletin are consistent in TIME and/or TITLE with those currently approved by the SC SAA. Yes ☐ No ☐ **If "NO", attach a 3675 or 3676 Application to revise the current listing.**

**Note: On each line below, specify the page number and the publication that contains the required information. For example, if volume number and date of publication are found on page 1 of the catalog, you would write "1-C"; if on page 1 of the handbook, write "1-H"...*

- _____ 1. Volume number and date of publication
- _____ 2. Names of school governing body, officials, and faculty
- _____ 3. Calendar showing beginning and ending dates of each term, holidays, and other important dates
- _____ 4. Policy for minimum entrance requirements
- _____ 5. Policy on granting credit for prior education
- _____ 6. Grading system (to include policy for removing Incomplete (I) grades)
- _____ 7. School's policies describing conditions under which a student's training/benefits would be interrupted:
a. probationary period if any _____, b. academic progress _____, c. unsatisfactory conduct _____
- _____ 8. Policy describing conditions which must be satisfied to allow a student to be re-instated or re-enrolled following interruption of training/benefits
- _____ 9. Policy concerning leave _____, attendance _____, and tardiness _____
- _____ 10. Statement of academic progress records maintained by the school and furnished to the student
- _____ 11. Graduation requirements
- _____ 12. Schedule of tuition and fees, and/or total cost of each course
- _____ 13. Policy describing pro-rata refund of tuition and fees as required by CFR 21.4255 (**for Non-Accredited Colleges/Universities Only**)

I certify that this CATALOG/HANDBOOK/BULLETIN is true and correct in content and policy.

Name of Authorized Institutional Representative (Printed) _____ (Signed) _____

Title _____ Telephone (____) _____

Date Signed _____

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

APPLICATION 3676

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____
Street City State Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

<u>Name of Program / Course (if Course Approval, Include Delivery Method)</u>	<u>Current Catalog Page Number</u> (or attach display)	<u>Effective Date</u> (mm/dd/yyyy)
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

☐ 3676 Application Worksheet is attached and accurate. *Initials:* _____

Signature of Authorized Official

Printed Name

Title

3676 Application Worksheet

[illegible]

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

INSPECTION REPORT 3676

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____

Street City State Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

Is degree program or institution accredited and approved by a national accrediting agency or associations?

☐ Yes ☐ No

If applicable, has the two-year period of operation been verified for each degree program submitted for approval?

☐ Yes (Documentary evidence required) ☐ No

Accrediting(s) Agency or Association(s)

Program(s) (Degree, Diploma or Certificate) submitted for approval

SAA Coordinator

Printed Name

Title

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SOUTH CAROLINA STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201
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INSPECTION REPORT 3676

(Continued)

(To be Completed by the SC State Approving Agency)

After investigation and inspection, I have determined that the institution and its Degree Program(s) meet the following criteria:

- ☐ Yes ☐ No 1. The courses, curriculum, and instruction are consistent in quality, content, and length with similar recognized accepted standards.
- ☐ Yes ☐ No 2. A copy of the course outline, schedule of tuition, fees and other charges, regulations pertaining to absences, grading policy, and rules of operation and conduct will be furnished to the veteran or eligible person upon enrollment.
- ☐ Yes ☐ No 3. The school's administrators, directors, and instructors are of good character and reputation.
- ☐ Yes ☐ No 4. The school has, and maintains, a policy for the refund of the unused portion of tuition, fees and other charges in the event the veteran or eligible person fails to enter the course or withdraws or is discontinued therefrom at any time prior to completion. Such policy must provide that the amount charged to the veteran or eligible person for tuition, fees, and other charges for a portion of the course shall not exceed the approximate pro-rate portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the course bears to its total length. See CFR 21.4255. (March 3, 1986) When the established registration fee is more than \$10.00, the amount in excess of \$10.00 will be subject to pro-ration.
- ☐ Yes ☐ No 5. There is, in the school, adequate space, equipment, instructional materials and instructor personnel to provide training of good quality.
Listing of Materials (i.e. overhead projector, blackboard, etc.) is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 6. Educational and experience qualifications of directors, administrator and instructors are adequate. If required, Copies of licenses are:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 7. The school maintains a written record of the previous education and training of the veteran or eligible person and clearly indicates that appropriate credit has been given for previous education and training with the training period shortened proportionately and the veteran or eligible person and the V.A. so notified. Sample of record is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 8. Upon completion of training, the veteran or eligible person is given a certificate by the school indicating that training was satisfactorily completed. Sample of Certificate is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 9. Adequate records as prescribed by the Veterans Education and Training Section are kept to show attendance and progress or grades and satisfactory standards relating to attendance, progress and conduct are enforced. Sample of records are:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 10. The school complies with all local, municipal, state and federal regulations, such as fire codes, building and sanitation codes. The Veterans Education and Training section may require evidence of compliance. Documentation is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A

INSPECTION REPORT 3676

(Continued)

- ☐ Yes ☐ No 11. The school is financially sound and capable of fulfilling its commitments for training. The Financial Statement(s) are:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 12. The school does not utilize advertising of any type that is erroneous or misleading, either by actual statement, omission or intimation. The school will not be deemed to have met this requirement until the Veterans Education and Training Section has:
(a) ascertained from the Federal Trade Commission whether the Commission has issued an order to cease and desist from any act or practice, and
(b) if such an order has been issued, given due weight to that fact. Order from FCC is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 13. The school does not exceed its enrollment limitations as established by the Veterans Education and Training Section. Student/teacher ratio for; class-lab-shop-clinical and maximum enrollment is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
- ☐ Yes ☐ No 14. Complies with 85/15 Ratio, i.e., 20 non-vets-3 vets.
15. The following V.A. Forms are:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
☐ 22-1919 Conflicting Interests (Profit Only)
☐ 22-8794 (Certifying Official)
☐ 22-8206 Title VI (Profit and Non-Profit)
16. Pro-Rate Refund Policy (if applicable) is:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
17. Class Schedules are:
☐ On Record ☐ Attached ☐ Pending ☐ N/A
18. Application, Catalog or Bulletin as per CFR 21.4254 (B) (1)-(12) are:
☐ On Record ☐ Attached ☐ Pending ☐ N/A

Additional Criteria:

Remarks:

Recommendations: ☐ Approval ☐ Disapproval ☐ Pending

Coordinator

**CONFLICTING INTERESTS CERTIFICATION FOR PROPRIETARY SCHOOLS ONLY****1. NAME AND ADDRESS OF INSTITUTION**

PURPOSE: This form informs individuals that the law has restrictions concerning any potential conflict of interests. (See certifications (1) and (2) below). These certifications not only apply to chapters 31 and 36 of Title 38, U.S.C., but also apply to the following programs administered by the Department of Veterans Affairs (VA):

MGIB	Montgomery GI Bill-Active Duty Educational Assistance Program (Chapter 30 of Title 38, U.S.Code)
VEAP	Veterans' Educational Assistance Program (Chapter 32 of Title 38, U.S.Code)
DEA	Dependents' Educational Assistance (Chapter 35 of Title 38, U.S.Code)
MGIB-SR	Montgomery GI Bill-Selected Reserve Educational Assistance Program
EAPP	Educational Assistance Pilot Program (Section 903 of Public Law 96-342)

(1) PROPRIETARY PROFIT SCHOOLS ONLY

The law prohibits employees of VA and the State Approving Agency (SAA) from owning any interest in an educational institution operated for profit. In addition, the law prohibits these employees from receiving any wages, salary, dividends, gifts, or services from private profit schools. These provisions may be waived if VA determines that no detriment will result to the government, or to veterans or eligible persons enrolled (38 U.S.C. 3683). Please list below those VA and SAA employees known by you who may have a potential conflict of interest under this provision. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

DESCRIPTION OF ASSOCIATION WITH SCHOOL

(2) ALL PROPRIETARY SCHOOLS

38 C.F.R. 21.4202(C) prohibits the approval of any veteran or eligible person in any proprietary school of which the veteran or trainee is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, an owner or an officer. Please list below the names and VA file numbers (claim or Social Security Numbers) of any certifying officials, owners or officers of your school who receive VA educational assistance based on an enrollment in your school. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

VA FILE NUMBER

DATES OF ENROLLMENT WITH YOUR SCHOOL

FROM

TO

I DO HEREBY CERTIFY that the entries above are true and correct to the best of my knowledge. I agree to immediately notify VA of any potential violations of the above prohibitions.

SIGNATURE OF PRESIDENT OR CHIEF ADMINISTRATIVE OFFICIAL OR SCHOOL

TITLE

DATE

**DEPARTMENT OF VETERANS AFFAIRS
STATEMENT OF ASSURANCE OF COMPLIANCE
WITH EQUAL OPPORTUNITY LAWS**

(hereinafter called the *Signatory*)

(Name of Organization, Institution, or Individual)

HEREBY AGREES THAT

it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out such laws. This assurance is directed to the end that no person in the United States shall, on the ground of race, color, national origin (Title VI), handicap (Section 504), sex (Title IX, in education programs and activities only), or age (Age Discrimination Act) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of the Signatory receiving Federal financial assistance or other benefits under statutes administered by VA (Department of Veterans Affairs), the ED (Department of Education), or any other Federal agency. This assurance applies whether assistance is given directly to the recipient or indirectly through benefits paid to a student, trainee, or other beneficiary because of enrollment or participation in a program of the Signatory.

The Signatory HEREBY GIVES ASSURANCE that it will promptly take measures to effect this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Signatory by VA or ED, this assurance shall obligate the Signatory, or in the case of transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. In all cases, this assurance shall obligate the Signatory for the period during which the Federal financial assistance is extended to any of its programs by VA, ED or any other Federal agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining Federal financial assistance, including facilities furnished or payments made under sections 104 and 244(1) of Title 38, U.S.C. Also, sections 1713, 1720, 1720A, 1741-1743, 2408, 5902(a)(2), 8131-8137, 8151-8156 (formerly 613, 620, 620(A), 641-643, 1008, 3402(a)(2), 5031-5037, 5051-5056 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 106. Under the terms of an agreement between VA and ED, this assurance also includes Federal financial assistance given by ED through programs administered by that agency. Federal financial assistance is understood to include benefits paid directly to the Signatory and/or benefits paid to a beneficiary contingent upon the beneficiary's enrollment in a program or using services offered by the Signatory.

The Signatory agrees that Federal financial assistance or other benefits will be extended in reliance on the representations and agreements made in this assurance; that VA or ED will withhold financial assistance, facilities, or other benefits to ensure compliance with the equal opportunity laws; and that the United States shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assignees for the period during which assistance is provided. The Signatory assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to its students or trainees in connection with the Signatory's programs or services are not discriminating against those students or trainees in violation of the above statutes.

The person whose signature appears below is authorized to sign this assurance.

(Date)

(Signature of authorized official)

(Title of authorized official)

(Mailing address)

POWER OF ATTORNEY CERTIFICATION

I certify that

(Name of Institution)

- ◆ Does not have a power of attorney to negotiate Department of Veterans Affairs (VA) educational benefit checks, and
- ◆ Does not use coercive procedures or practices to limit a veteran or other eligible person's disposition of the proceeds of a VA check, and
- ◆ Such checks are not stamped "For Deposit Only" to the school's account, or endorsed by the student "pay to the order of...(institution)" and signed , and
- ◆ Does not have a joint bank account with any VA student.

Print Name and Title of School Official

Signature

Date

Name of School

Street Address / PO Box

City, State, Zip

ADVANCE PAYMENT CERTIFICATION

☐ Our institution does not wish to participate in VA's advance payment program.

☐ Our institution agrees to participate in VA's advance payment program.

I certify that advance payment checks will be kept in a secure place, be given to the VA student upon registration, but not earlier than 30 days before the first day of class, and we will furnish verification of enrollment as prescribed by VA directives.

Print Name and Title of School Official

Signature

Date

Name of School

Street Address / PO Box

City, State, Zip

VERIFICATION OF TWO YEAR OPERATION
[38 CFR 21.4251(b)]

Name of Program*: _____

Date of Verification: _____

City, State, Zip: _____

[illegible]

* NOTE: If the name of the program has changed during the two-year period of verification, indicate the previous name(s). The effective date of the program approval must be preceded by a period of two years of continuous operation. Also, the chart must indicate that the program is currently in operation, except for scheduled holidays, breaks, etc.

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

Name of Institution: _____

Address: _____

Type of Institution: _____ Public _____ Proprietary Non-Profit _____ Proprietary Profit

Dates of Enrollment: _____

Holidays:

_____ New Year's Day _____ Thanksgiving Day
_____ Washington's Birthday _____ Christmas Eve
_____ Memorial Day _____ Christmas Day
_____ Independence Day _____ M.L. King Day
_____ Labor Day
_____ Veteran's Day

Vacation:

COURSES	TYPE 1,2,3 *	LENGTH OF COURSE	CLASS SCHEDULE	SCHEDULED ATTENDANCE EACH WEEK						
				<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>	<u>S</u>	TOTAL **

* 1 – Accredited 2 – Non-Accredited 3 – Non-Accredited Credit Hour Basis

** Full time students have on hour for lunch

STANDARDS OF PROGRESS

Academic progress will be measured at the end of each evaluation period. Failure by a student to maintain a cumulative Grade Point Ratio (GPR) of at least 2.0 for any evaluation period will result in that student being placed on academic probation for the following term. Failure by the student to attain a cumulative GPR of at least a 2.0 during the probation term will result in academic suspension (termination of veteran's benefits) for one term. The interruption will be reported to the Veterans Administration **within 30 calendar days** of the change in status using VA Form 22-1999b.

Veterans who are reinstated for benefits after academic suspension who fail to attain a GPR of at least 2.0 during that term will be placed on academic dismissal for 2 terms. Reinstatement after dismissal will be granted only if mitigating circumstances exist.

Mitigating Circumstances: Mitigating circumstances are those which directly hinder pursuit of a course and which are judged to be beyond the student's control. The following are some general categories of mitigating circumstances. This list is not all-inclusive.

- ❖ Serious illness of the veteran
- ❖ Serious illness or death in the veteran's immediate family
- ❖ Emergency financial obligations or change of place of employment or work schedule which preclude pursuit of the course
- ❖ Unanticipated changes in child-care responsibilities
- ❖ Active duty military service, including active duty for training.

Signature of Certifying Official

Date

ADDENDUM _____

ATTENDANCE POLICY

By authority of Title 38, United States Code 3676 ©(14), the State Approving Agency may set any additional reasonable criteria for approval of programs for veterans and other persons eligible for VA education benefits (wherever the word “veteran” is used, it is intended to include all persons receiving VA education benefits). The following Attendance Policy has been established to set minimum standards of attendance for students enrolled in non-college degree (NCD) programs and receiving VA education benefits, and

- ◆ *Is considered reasonable additional criteria,*
- ◆ *Will become a part of 3676 approvals (if institution’s existing attendance policy is more restrictive, then that policy will be used),*
- ◆ *Will be listed as an addendum to the institution’s catalog, bulletin, or handbook:*

Veterans enrolled in NCD programs will be interrupted for unsatisfactory attendance when accumulated absences, tardies, and class cuts exceed twenty (20) percent of class contact hours (if the institution’s existing policy is more restrictive, then that policy will be used). The interruption will be reported to the Department of Veterans Affairs (VA) within 30 days of the veteran’s last date of attendance (use VAF 22-1999b).

A veteran may be re-enrolled for benefits at the beginning of the term following interruption because of unsatisfactory attendance only when the cause of unsatisfactory attendance has been removed. Once re-enrolled, a veteran will be interrupted for unsatisfactory attendance when accumulated absences, tardies, and class cuts exceed twenty (20) percent of the remaining contact hours (if the institution’s existing policy is more restrictive, then that policy will be used). The interruption will be reported to the Department of Veterans Affairs (VA) within 30 days of the veteran’s last date of attendance (use VAF 22-1999b).

Veterans interrupted a second time for unsatisfactory attendance shall not be allowed to re-enroll for VA education benefits in the absence of *mitigating circumstances*.

Mitigating circumstances are issues which directly hinder a veteran’s pursuit of a course/program of study, and which are judged to be beyond the student’s control. General categories of mitigating circumstances include but are not limited to:

- Serious illness of the veteran.
- Serious illness or death in the veteran’s immediate family.
- Emergency financial obligations or change of place of employment or work schedule which preclude pursuit of the program/course.
- Active duty military service, including active duty for training.

Institutions having a published “Leave of Absence Policy” should discontinue VA educational benefits (use VAF 22-1999b) while that student is on “official leave of absence”.

Signature of Certifying Official

Date

ADDENDUM_____

REFUND POLICY

By authority of Title 38, United States Code of Federal Regulations 21.4255, Non-Accredited College and University programs are required to adhere to the following refund policy for veterans and others eligible for VA education benefits (collectively referred to as "veterans" within this policy). The policy will be listed as an addendum to the institution's catalog, bulletin, or handbook.

THE _____
(Name of Institution)
WILL USE AND PROVIDE THE FOLLOWING REFUND POLICY FOR ALL VETERANS
AND OTHER PERSONS ELIGIBLE FOR VA EDUCATION BENEFITS UNDER TITLE
38, U.S. CODE.

The school has and maintains a policy for the refund of the unused portion of tuition, fees, and other charges in the event the veteran:

- Fails to enter the program/course.
- Withdraws, or
- Is discontinued therefrom at any time prior to completion of the program/course.

Such policy must provide that the amount charged to the veteran for tuition, fees, and other charges for a portion of the program/course shall not exceed the approximate pro-rata portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the course/program bears to its total length, within the following limitations:

- ✓ Registration Fee – An established registration fee in the amount not to exceed \$10.00 need not be subject to proration. When the established registration fee is more than \$10.00, the amount in excess of \$10.00 will be subject to proration.
- ✓ Prompt Refund – Refunds will be made promptly (within 40 days). Veterans are not required to file application for refund.

Signature of Certifying Official

Date

ADDENDUM _____